

UNITED STATES BANKRUPTCY COURT
DISTRICT OF _____

In re Laura Nicoleau-Berman

Case No. 18-17673-SUM
 Reporting Period: February 2019

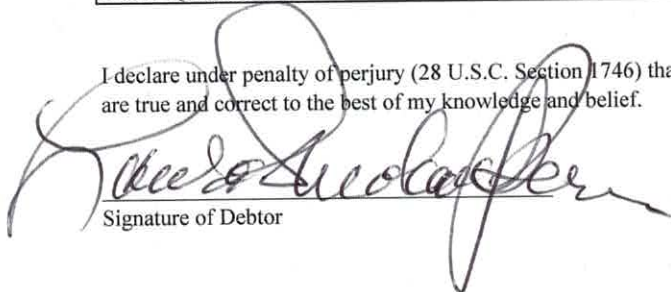
MONTHLY OPERATING REPORT

File with Court and submit copy to United States Trustee within 20 days after end of month.

Submit copy of report to any official committee appointed in the case.

REQUIRED DOCUMENTS	Form No.	Document Attached	Explanation Attached	Affidavit/Supplement Attached
Schedule of Cash Receipts and Disbursements	MOR-1	✓		
Bank Reconciliation (or copies of debtor's bank reconciliations)	MOR-1a	✓		
Schedule of Professional Fees Paid	MOR-1b	✓		
Copies of bank statements		✓		
Cash disbursements journals		✓		
Statement of Operations	MOR-2	✓		
Balance Sheet	MOR-3	✓		
Status of Postpetition Taxes	MOR-4	✓		
Copies of IRS Form 6123 or payment receipt				
Copies of tax returns filed during reporting period				
Summary of Unpaid Postpetition Debts	MOR-4	✓		
Listing of aged accounts payable	MOR-4	✓		
Accounts Receivable Reconciliation and Aging	MOR-5	✓		
Debtor Questionnaire	MOR-5	✓		

I declare under penalty of perjury (28 U.S.C. Section 1746) that this report and the attached documents are true and correct to the best of my knowledge and belief.


 Signature of Debtor

3/20/19
 Date

 Signature of Joint Debtor

 Date

 Signature of Authorized Individual*

 Date

 Printed Name of Authorized Individual

 Title of Authorized Individual

*Authorized individual must be an officer, director or shareholder if debtor is a corporation; a partner if debtor is a partnership; a manager or member if debtor is a limited liability company.

In re _____ Debtor Laura Ncileau Berman

Case No. 187--17673-SLM
Reporting Period: _____

Feb-19

SCHEDULE OF CASH RECEIPTS AND DISBURSEMENTS

Amounts reported should be per the debtor's books, not the bank statement. The beginning cash should be the ending cash from the prior month or, if this is the first report, the amount should be the balance on the date the petition was filed. The amounts reported in the "CURRENT MONTH - ACTUAL" column must equal the sum of the four bank account columns. The amounts reported in the "PROJECTED" columns should be taken from the SMALL BUSINESS INITIAL REPORT (FORM IR-1). Attach copies of the bank statements and the cash disbursements journal. The total disbursements listed in the disbursements journal must equal the total disbursements reported on this page. A bank reconciliation must be attached for each account. [See MOR-1 (CONT)]

	BANK ACCOUNTS				CURRENT MONTH		CUMULATIVE FILING TO DATE	
	OPER.	PAYROLL	TAX	OTHER	ACTUAL	PROJECTED	ACTUAL	projected
CASH BEGINNING OF MONTH	9388.79				9388.79	11478		5990
RECEIPTS								
CASH SALES	7050				7050	8150	42985	45657
ACCOUNTS RECEIVABLE	1000				1000	0	1000	1000
LOANS AND ADVANCES								
SALE OF ASSETS								
OTHER (ATTACH LIST)								
TRANSFERS (FROM DIP ACCTS)								
TOTAL RECEIPTS	8050				8050	8150	43985.99	46657
DISBURSEMENTS								
NET PAYROLL	0				0		0	0
PAYROLL TAXES	0				0		0	0
SALES, USE, & OTHER TAXES	0				0	1000	1771.31	1000
INVENTORY PURCHASES	0				0		0	0
SECURED/ RENTAL/ LEASES	0				0		2700	0
INSURANCE	573				573	400	2212.81	3225
ADMINISTRATIVE	153				153	0	153	0
SELLING	0				0			
OTHER (ATTACH LIST)	0							
Mortgage Payment	3152				3152	9400	15752	22854
OWNER DRAW *	0				0	0	1600	0
TRANSFERS (TO DIP ACCTS)	0				0	0		
PROFESSIONAL FEES	0				0		12100	12100
U.S. TRUSTEE QUARTERLY FEES	650				650	0	975	325
COURT COSTS								
TOTAL DISBURSEMENTS	4528				4528	10800	37264.12	39504
NET CASH FLOW	3522				4522	-2650	6721.87	7153
(RECEIPTS LESS DISBURSEMENTS)								
CASH - END OF MONTH	12910.79				12910.79	8828	12910.79	8828

* COMPENSATION TO SOLE PROPRIETORS FOR SERVICES RENDERED TO BANKRUPTCY ESTATE

THE FOLLOWING SECTION MUST BE COMPLETED

DISBURSEMENTS FOR CALCULATING U.S. TRUSTEE QUARTERLY FEES: (FROM CURRENT MONTH ACTUAL COLUMN)	
TOTAL DISBURSEMENTS	4528
LESS: TRANSFERS TO DEBTOR IN POSSESSION ACCOUNTS	\$
PLUS: ESTATE DISBURSEMENTS MADE BY OUTSIDE SOURCES (i.e. from escrow accounts)	\$
TOTAL DISBURSEMENTS FOR CALCULATING U.S. TRUSTEE QUARTERLY FEES	4528

Wells Fargo Everyday Checking

Account number: **7410904549** ■ February 1, 2019 - February 28, 2019 ■ Page 1 of 3

**WELLS
FARGO**

DCDP31DTKH 003625



LAURA NICOLEAU-BERMAN
DEBTOR IN POSSESSION
CH 11 CASE #18-17673(NJ)
703 DOCTORS PATH
RIVERHEAD NY 11901-1507

Questions?

Available by phone 24 hours a day, 7 days a week:
Telecommunications Relay Services calls accepted

1-800-TO-WELLS (1-800-869-3557)

TTY: 1-800-877-4833

En español: 1-877-727-2932

華語 1-800-288-2288 (6 am to 7 pm PT, M-F)

Online: wellsfargo.com

Write: Wells Fargo Bank, N.A. (348)
P.O. Box 6995
Portland, OR 97228-6995

You and Wells Fargo

Thank you for being a loyal Wells Fargo customer. We value your trust in our company and look forward to continuing to serve you with your financial needs.

Account options

A check mark in the box indicates you have these convenient services with your account(s). Go to wellsfargo.com or call the number above if you have questions or if you would like to add new services.

Online Banking	<input type="checkbox"/>	Direct Deposit	<input type="checkbox"/>
Online Bill Pay	<input type="checkbox"/>	Auto Transfer/Payment	<input type="checkbox"/>
Online Statements	<input type="checkbox"/>	Overdraft Protection	<input type="checkbox"/>
Mobile Banking	<input type="checkbox"/>	Debit Card	<input type="checkbox"/>
My Spending Report	<input type="checkbox"/>	Overdraft Service	<input type="checkbox"/>

Activity summary

Beginning balance on 2/1	\$5,015.93
Deposits/Additions	4,050.00
Withdrawals/Subtractions	- 1,338.00
Ending balance on 2/28	\$7,727.93

Account number: **7410904549**

LAURA NICOLEAU-BERMAN
DEBTOR IN POSSESSION
CH 11 CASE #18-17673(NJ)

New York account terms and conditions apply

For Direct Deposit use
Routing Number (RTN): 026012881

Overdraft Protection

This account is not currently covered by Overdraft Protection. If you would like more information regarding Overdraft Protection and eligibility requirements please call the number listed on your statement or visit your Wells Fargo store.

DCDP31DTKH 003625 NNNNNNNNN NNN 001 002 348 016565 210813111



Transaction history

Date	Check Number	Description	Deposits/ Additions	Withdrawals/ Subtractions	Ending daily balance
			4,050.00		9,065.93
2/11		Deposit Made In A Branch/Store		115.00	8,950.93
2/12		Harland Clarke Check/Acc. 021119 00768557575488 Laura Nicoleau-Berman			
2/22	103	Check		93.75	8,377.93
2/22	104	Check		479.25	7,727.93
2/25	102	Check		650.00	7,727.93
Ending balance on 2/28			\$4,050.00	\$1,338.00	

Totals

The Ending Daily Balance does not reflect any pending withdrawals or holds on deposited funds that may have been outstanding on your account when your transactions posted. If you had insufficient available funds when a transaction posted, fees may have been assessed.

Summary of checks written (checks listed are also displayed in the preceding Transaction history)

Number	Date	Amount	Number	Date	Amount	Number	Date	Amount
102	2/25	650.00	103	2/22	93.75	104	2/22	479.25

Monthly service fee summary

For a complete list of fees and detailed account information, see the Wells Fargo Account Fee and Information Schedule and Account Agreement applicable to your account (EasyPay Card Terms and Conditions for prepaid cards) or talk to a banker. Go to wellsfargo.com/feefaq for a link to these documents, and answers to common monthly service fee questions.

Fee period 01/31/2019 - 02/28/2019 Standard monthly service fee \$10.00 You paid \$0.00

We waived the fee this fee period to allow you to meet the requirements to avoid the monthly service fee. Your fee waiver is about to expire. You will need to meet the requirement(s) to avoid the monthly service fee.

How to avoid the monthly service fee

Have any **ONE** of the following account requirements

- Minimum daily balance
- Total amount of qualifying direct deposits
- Total number of posted Wells Fargo Debit Card purchases and/or payments
- The fee is waived when the account is linked to a Wells Fargo Campus ATM or Campus Debit Card

Minimum required	This fee period
\$1,500.00	\$5,015.93 <input checked="" type="checkbox"/>
\$500.00	\$0.00 <input type="checkbox"/>
10	0 <input type="checkbox"/>

Monthly service fee discount(s) (applied when box is checked)

Age of primary account owner is 17 - 24 (\$10.00 discount) ☐

RECEIVED

01/20/2019



February 20, 2019

STFD 1 THE TRANSACTION STMT FORMAT

19/02/20 13.16.23

CO 96 OP EBRN

MS 50852 ACTION COMPLETE

ACTION

PROD CODE

DDA

COLD

ACCT

9875775521

SHORT NAME NICOLEAU-BERMAN LAURA

CURR CODE

PAGE

2

SEARCH FROM 118/12/28 THRU 119/02/12

ACTN

POST

EFFECTIVE

CHECK NUMBER

TRAN AMOUNT

D/C

BALANCE

TRACE ID

DESCRIPTION

* 01/16				3,368.98	C	4,996.39
	6108676515	DEPOSIT				
* 01/23				600.00	D	4,396.39
	019023008642082	Suburban Propane Payment				
* 01/28		0111		2,700.00	D	1,696.39
	8008262624	CHECK NUMBER 0111				
* 01/28		0114		800.70	D	895.69
	8008259495	CHECK NUMBER 0114				
* 01/31		0115		1,000.00	D	104.31-
	8100355268	CHECK NUMBER 0115				
* 02/01				38.50	D	142.81-
	8100355268	INSUFFICIENT FUNDS FEE-CHECK NUMBER 0115				
* 02/04				3,100.00	C	2,957.19
	6102289030	DEPOSIT				
* 02/07		0113		971.31	D	1,985.88
	8101927711	CHECK NUMBER 0113				

PF: 1-HELP 3-PLVL 6-INQ 7-SB 8-SF 9-ASUM 11-CUTO -STSM

July 20, 2019

STFD 1 THE TRANSACTION STMT FORMAT

19/02/20 13.15.36

CO

96 OP EBRN

MS 50852 ACTION COMPLETE

COD

ACCT

9875775521

SHORT NAME NICOLEAU-BERMAN LAURA

CODE

PAGE

3

SEARCH FROM 118/12/28 THRU 119/02/12

ACTN

POST

EFFECTIVE

CHECK NUMBER

TRAN AMOUNT D/C

BALANCE

TRACE ID

DESCRIPTION

02/11

0206

3,152.00 D

1,166.12-

8102455419 CHECK NUMBER 0206

02/12

38.50 D

1,204.62-

8102455419 INSUFFICIENT FUNDS FEE-CHECK NUMBER 0206

PF: 1-HELP 3-PLVL 6-INQ 7-SB 8-SF 9-ASUM 11-CUTO -STSM

Case No. 18-17673-SLM
Reporting Period: _____

Feb-19

SCHEDULE OF PROFESSIONAL FEES AND EXPENSES PAID

This schedule is to include all retained professional payments from case inception to current month.

[illegible]

In re Laura Nicoleau Berman
Debtor

Case No. 18-17673-SLM
Reporting Period: Feb-19

STATEMENT OF OPERATIONS (Income Statement)

The Statement of Operations is to be prepared on an accrual basis. The accrual basis of accounting recognizes revenue when it is realized and expenses when they are incurred, regardless of when cash is actually received or paid.

REVENUES	Month	Cumulative Filing to Date
Gross Revenues	8050	52035.99
Less: Returns and Allowances		
Net Revenue	8050	52035.99
COST OF GOODS SOLD		
Beginning Inventory	0	0
Add: Purchases	0	0
Add: Cost of Labor	0	0
Add: Other Costs (attach schedule)	0	0
Less: Ending Inventory	0	0
Cost of Goods Sold	0	
Gross Profit	8050	43985.98
OPERATING EXPENSES		
Advertising		
Auto and Truck Expense		
Bad Debts		
Contributions		
Employee Benefits Programs		
Insider Compensation*		
Insurance	573	2212.81
Management Fees/Bonuses		
Office Expense		
Pension & Profit-Sharing Plans		
Repairs and Maintenance		
Rent and Lease Expense	0	2700
Salaries/Commissions/Fees		
Supplies		
Taxes - Payroll	0	0
Taxes - Real Estate	0	
Taxes - Other	0	1771.31
Travel and Entertainment		
Utilities		
Other-Mortgage	3152	15752
Total Operating Expenses Before Depreciation	3725	22436.12
Depreciation/Depletion/Amortization		
Net Profit (Loss) Before Other Income & Expenses	4325	21549.86
OTHER INCOME AND EXPENSES		
Other Income (attach schedule)	0	3015.93
Interest Expense		
Other Expenses- Bank Fees	153	153
Net Profit (Loss) Before Reorganization Items		18380.93
REORGANIZATION ITEMS		
Professional Fees		12100
U. S. Trustee Quarterly Fees	650	975
Interest Earned on Accumulated Cash from Chapter 11 (see continuation sheet)		
Gain (Loss) from Sale of Equipment		
Other Reorganization Expenses (attach schedule)		
Total Reorganization Expenses		13075
Income Taxes		
Net Profit (Loss)	\$	5305.93

*"Insider" is defined in 11 U.S.C. Section 101(31).

In re: Laura Nicoleau Berman
Debtor

Case No. 18-17673-SLM
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STATUS OF POSTPETITION TAXES

The beginning tax liability should be the ending liability from the prior month or, if this is the first report, the amount should be zero.
Attach photocopies of IRS Form 6123 or payment receipt to verify payment or deposit of federal payroll taxes.
Attach photocopies of any tax returns filed during the reporting period.

	Beginning Tax Liability	Amount Withheld or Accrued	Amount Paid	Date Paid	Check No. or EFT	Ending Tax Liability
Federal						
Withholding	0	0				0
FICA-Employee	0	0				0
FICA-Employer	0	0				0
Unemployment	0	0				0
Income	0	0				0
Other:	0	0				0
Total Federal Taxes	0	0				0
State and Local						
Withholding	0	0				0
Sales	0	0				0
Excise	0	0				0
Unemployment	0	0				0
Real Property	0	0				0
Personal Property	0	0				0
Other:	0	0				0
Total State and Local	0	0				0
Total Taxes	0	0				0

SUMMARY OF UNPAID POSTPETITION DEBTS

Attach aged listing of accounts payable.

	Number of Days Past Due					Total
	Current	0-30	31-60	61-90	Over 90	
Accounts Payable						
Wages Payable						
Taxes Payable						
Rent/Leases-Building						
Rent/Leases-Equipment						
Secured Debt/Adequate Protection Payments						
Professional Fees						
Amounts Due to Insiders*						
Mortgage 279 Dune Road	2700	2700	2700	2700	8100	16200
Mortgage 7 Warner Road	3400	3400	3400	3400	10200	23800
Total Postpetition Debts						

Explain how and when the Debtor intends to pay any past-due postpetition debts.

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In re Laura Nicoleau Berman
Debtor

ACCOUNTS RECEIVABLE RECONCILIATION AND AGING

Accounts Receivable Reconciliation		Amount
Total Accounts Receivable at the beginning of the reporting period		0
+ Amounts billed during the period		
- Amounts collected during the period		
Total Accounts Receivable at the end of the reporting period		1000
Accounts Receivable Aging		Amount
0 - 30 days old		1000
31 - 60 days old		
61 - 90 days old		
91+ days old		
Total Accounts Receivable		1000
Amount considered uncollectible (Bad Debt)		
Accounts Receivable (Net)		1000

DEBTOR QUESTIONNAIRE

Must be completed each month	Yes	No
1. Have any assets been sold or transferred outside the normal course of business this reporting period? If yes, provide an explanation below.		x
2. Have any funds been disbursed from any account other than a debtor in possession account this reporting period? If yes, provide an explanation below.		x
3. Have all postpetition tax returns been timely filed? If no, provide an explanation below.		x
4. Are workers compensation, general liability and other necessary insurance coverages in effect? If no, provide an explanation below.	x	n/a
5. Has any bank account been opened during the reporting period? If yes, provide documentation identifying the opened account(s). If an investment account has been opened provide the required documentation pursuant to the Delaware Local Rule 4001-3.		x

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Attach photocopies of any tax returns filed during the reporting period.

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Federal						
Withholding	0	0				0
FICA-Employee	0	0				0
FICA-Employer	0	0				0
Unemployment	0	0				0
Income	0	0				0
Other:	0	0				0
Total Federal Taxes	0	0				0
State and Local						
Withholding	0	0				0
Sales	0	0				0
Excise	0	0				0
Unemployment	0	0				0
Real Property	0	0				0
Personal Property	0	0				0
Other:	0	0				0
Total State and Local	0	0				0
Total Taxes	0	0				0

SUMMARY OF UNPAID POSTPETITION DEBTS

Attach aged listing of accounts payable.

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	Current	0-30	31-60	61-90	Over 90	
Accounts Payable						
Wages Payable						
Taxes Payable						
Rent/Leases-Building						
Rent/Leases-Equipment						
Secured Debt/Adequate Protection Payments						
Professional Fees						
Amounts Due to Insiders*						
Mortgage 279 Dune Road	2700	2700	2700	2700	8100	16200
Mortgage 7 Warner Road	3400	3400	3400	3400	10200	23800
Total Postpetition Debts						

Explain how and when the Debtor intends to pay any past-due postpetition debts.

*"Insider" is defined in 11 U.S.C. Section 101(31).

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Debtor

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Federal						
Withholding	0	0				0
FICA-Employee	0	0				0
FICA-Employer	0	0				0
Unemployment	0	0				0
Income	0	0				0
Other:	0	0				0
Total Federal Taxes	0	0				0
State and Local						
Withholding	0	0				0
Sales	0	0				0
Excise	0	0				0
Unemployment	0	0				0
Real Property	0	0				0
Personal Property	0	0				0
Other:	0	0				0
Total State and Local	0	0				0
Total Taxes	0	0				0

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Professional Fees						
Amounts Due to Insiders*						
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